



# PLUMBING/GAS PERMIT APPLICATION

BUILDING INSPECTION, PO BOX 40, ROOM 118  
CHESTERFIELD VA 23832

Office: 804-748-1057; Fax: 804-751-4713; [www.chesterfield.gov/bi](http://www.chesterfield.gov/bi)

Inspection Scheduling: 804-751-4444

PLUMBING PERMIT # :

GAS PERMIT # :

ASSOCIATED PERMIT #:

WORK DESCRIPTION	PLEASE CIRCLE: RESIDENTIAL COMMERCIAL (commercial includes townhouses, condo's and apartments)			
	PLEASE CIRCLE: PLUMBING GAS PLUMBING & GAS			
	WORK DESCRIPTION:			
	GAS TYPE (CIRCLE ONE): NATURAL PROPANE			
	IF PROPANE (CHECK <b>ALL</b> THAT APPLY): <input type="checkbox"/> SETTING TANK <input type="checkbox"/> RUNNING PRODUCT LINE <input type="checkbox"/> PIPE AND/OR CONNECT TO APPLIANCE(S)			
IF PROPANE TANK (CIRCLE ONE): PERMANENT TEMPORARY				
ID	CONTRACTOR NAME:		CONTRACTOR'S PHONE #:	CUSTOMER PIN#:
CONTACT	PRIMARY CONTACT PERSON:			CONTACT'S PHONE #:
	CONTACT'S E-MAIL ADDRESS (IF YOU WOULD LIKE FOR US TO CONTACT YOU BY E-MAIL):			
OWNER	PROPERTY OWNER NAME (FIRST NAME, LAST NAME OR COMPANY NAME):			OWNER'S PHONE #:
	PROPERTY OWNER MAILING ADDRESS (SKIP, IF MAILING ADDRESS IS SAME AS JOB LOCATION):			
	PROPERTY OWNER CITY/STATE/ZIP (SKIP, IF MAILING ADDRESS IS SAME AS JOB LOCATION):			
JOB INFO	ADDRESS/LOCATION OF WORK TO BE PERFORMED (STREET #/STREET NAME/STREET TYPE OR SUBDIVISION LOT/BLOCK/SECTION/CITY/ZIP):			
	IF APPLICABLE, WHAT IS THE SHOPPING CENTER NAME OR BUILDING NAME?		TENANT NAME:	
	(COMMERCIAL PROJECTS ONLY) PLEASE CIRCLE PAYMENT OPTION, IF APPLICABLE :		IDT # FOR DEFERRED PAYMENT-SCHOOL BOARD/UTILITIES ONLY:	
	ENTERPRISE ZONE COUNTY PROJECT			
PLBG	WHAT IS THE ESTIMATED COST OF PLUMBING WORK ONLY (materials and labor)? Do not include the cost of structural, mechanical, electrical or other auxiliary work in this estimate.			EST. COST OF PLUMBING WORK ONLY: \$
GAS	WHAT IS THE ESTIMATED COST OF GAS WORK ONLY (materials and labor)? Do not include the cost of structural, plumbing, electrical, mechanical or other auxiliary work in this estimate.			EST. COST OF GAS WORK ONLY: \$
	If gas appliances are to be installed as part of this project, this section must be completed. Please circle the type of gas appliances that will be installed. Include BTUs. If you need to research this information, BTU information is listed on a label on the appliance and is available from the manufacturer.	Appliance	# of Appliances	Grand Total BTUs (Number of appliances x BTU's per appliance)
		Gas Dryer		
		Gas Furnace		
		Gas Logs		
		Gas Range/Oven		
		Gas Water Heater		
Other				

<b>APPLICANT</b>	APPLICANT NAME (PLEASE PRINT):		
	REPRESENTING (NAME OF COMPANY):		
	APPLICANT SIGNATURE:		DATE:
<b>OWNER AFFIDAVIT</b>	<b>Complete this section only if you are an OWNER doing your own work and are not subject to licensure as a contractor or subcontractor.</b>		
	If you are an owner and intend to do the work or subcontract the work out, an Owner Affidavit is required certifying that you are the owner of this tract or parcel of land, that you have applied for this permit and are not subject to licensing as a contractor or subcontractor. Signing the Owner Affidavit and obtaining the permit in your name makes you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes. This "Owner Affidavit" must be completed, with the signature of a person who witnessed your signature to this document, acknowledging your compliance with Section 54.1-1111 of the Code of Virginia. (Note: Lessees are owners per state law.)		
	I, as the owner, will be responsible for the work performed on my property and shall be responsible for compliance with all state laws regulating building construction, use and compliance with all county ordinances.		
	OWNER'S SIGNATURE:	DATE:	PLEASE PRINT OWNER NAME LEGIBALLY:
	I, as a witness, saw the owner of this property affix his signature to this owner affidavit, certifying that he is not subject to licensure as a contractor or subcontractor in the state of Virginia.		
<b>OFFICE USE ONLY</b>	PLUMBING PERMIT FEE:		2/6/2006 12:32 PM
	\$		
	GAS PERMIT FEE:		
	\$		
	OTHER FEE:		
	\$		
	ASSOCIATED CREDIT CARD FEE:		
	\$		
	PLUMBING STATE LEVY:	GAS STATE LEVY:	
\$	\$		
TOTAL PERMIT FEE:			
\$			
CASHIER:	CHECK #:	DATE:	